

**TEXAS DEPARTMENT OF HEALTH (TDH)  
GRANT/CONTRACT APPLICANTS  
CLIENT SERVICES HUB SUBCONTRACTING PLAN (HSP)  
INSTRUCTIONS**

**HSP Policy:** In accordance with Texas Government Code, Sections 2161.181-182, Health and Human Service (HHS) agencies shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction, services (including professional and consulting services), and commodity procurements. Therefore, HHS contractors shall be required to make a good faith effort to ensure that HUBs receive their respective share of the total value of all subcontract awards each fiscal year. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

**The questions below must be completed and returned by applicant with the application.**

Applicant (Agency or Company) Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

TDH Grant/Contract Application Identifier: (To be entered by TDH program prior to RFP Distribution)

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Is this application for more than \$100,000?
<input type="checkbox"/> <input type="checkbox"/>	If "Yes" above, do budget categories Equipment, Supplies, Contractual and Other have a combined value of \$50,000 or more? <b>NOTE: If it is prudent to expect that during the initial contract period the combined subcontracting amount in these budget categories will exceed \$50,000, applicant should respond "yes."</b>
<b>Yes</b>	If "Yes" to both of the above, you <b>MUST</b> comply with the HUB Subcontracting Plan (HSP) Procedures listed below and document your efforts by completing the Determination of Good Faith Effort form (C-DGFE) and the Subcontractor Status Determination form (C-SSD).
<b>No</b>	If "No" to either of the above, you do not have to complete any other HUB forms; however, we encourage you to make efforts to subcontract with qualified HUBs whenever possible in connection with this contract.

**HUB Subcontracting Plan (HSP) Procedures**

By implementing the following procedures, an applicant shall be presumed to have made a good faith effort to fulfill a HSP.

- The applicant must notify at least three (3) qualified HUBs of the work that the contractor intends to subcontract. The primary source for finding certified HUBs is the General Services Commission HUB vendor file. These businesses can be located at <http://www.gsc.state.tx.us/cmb1/hubonly.html>:
  - The preferable method of notice shall be in writing;
  - The notice must include a quantitative description of the subcontracting work and identify a location or means to review contract specifications;
  - The notice must be provided to potential subcontractors prior to submission of the application;
  - The applicant must provide potential subcontractors a reasonable period of time to respond to the notice. "Reasonable time" in this context is no less than five working days from receipt of the notice to respond unless circumstances require a different time period, determined by the soliciting agency and documented in the project file.
- If it is determined that the applicant fails to provide a good faith effort to fulfill these HSP procedures, the applicant's executive director will be notified with a required date for correction of the deficiencies noted.
- After a contract/grant award, the contractor/grantee shall report to the TDH HUB Coordinator the amount paid to its subcontractors on a quarterly basis using the Quarterly Subcontract Report form (C-QSR) provided in this application.

**TEXAS DEPARTMENT OF HEALTH  
GRANT/CONTRACT APPLICANTS  
CLIENT SERVICES HUB SUBCONTRACTING PLAN (HSP)  
DETERMINATION OF GOOD FAITH EFFORT**

*Based on applicant's responses to the HUB Subcontracting Plan form (C-IGA), applicant may be required to complete and submit this form with the application. The purpose of this form is to document applicant's good faith efforts to develop a HUB Subcontracting Plan.*

1. Are you certified as a Texas Historically Underutilized Business (HUB)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide your General Services Commission Certification # \_\_\_\_\_

2. Do you plan to subcontract all or any portion of the contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, you are required to complete and submit the Subcontractor Status Determination Form (C-SSD).

Yes/No	The Texas Department of Health will determine if a good faith effort has been made to develop a HUB Subcontracting Plan based on the responses below.	Required Documentation (to be maintained by applicant)
<input type="checkbox"/> <input type="checkbox"/>	Did your company divide the contract work into reasonable lots in accordance with standard industry practices?	Statement of compliance methodology
<input type="checkbox"/> <input type="checkbox"/>	Did your company send notices containing adequate information about bonding, insurance, plans, specifications, scope of work, and other requirements to three (3) or more qualified HUB's, allowing reasonable time for HUBs to participate effectively?	Phone Logs, Fax Transmittals, etc.
<input type="checkbox"/> <input type="checkbox"/>	Did your company negotiate in good faith with qualified HUBs, not rejecting qualified HUBs who were the best value responsive bidder?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company document reasons for rejection or meet with rejected HUBs to discuss the rejection?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company advertise in general circulation, trade association, and minority/women focus media concerning subcontracting opportunities?	Copies of Advertisements
<input type="checkbox"/> <input type="checkbox"/>	If you used a source other than the GSC HUB directory, have you identified the subcontractor and the governmental certification source, and assisted the selected minority or women-owned business subcontractor to become certified by GSC?	Subcontractor Status Determination of (C-SSD)

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Applicant (Agency or Company) Name (print): \_\_\_\_\_

Authorized Signature and Title: \_\_\_\_\_ Date \_\_\_\_\_

**FOR AGENCY USE ONLY:**

It is my determination that this applicant - **HAS** \_\_\_\_\_ - **HAS NOT** \_\_\_\_\_ - demonstrated good faith according to Texas Government Code, Sections 2161.181-182 in connection with this application. If applicant has not demonstrated good faith, attach explanation.

Reviewed by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**TEXAS DEPARTMENT OF HEALTH  
CLIENT SERVICES HUB SUBCONTRACTING PLAN**

**(C-SSD)**

**SUBCONTRACTOR STATUS DETERMINATION**

Applicant/Prime Contractor's Name: \_\_\_\_\_

TDH Grant/Contract Identifier: (To be entered by TDH program prior to RFP Distribution) \_\_\_\_\_

**Prime contractor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.**

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

\*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

TEXAS DEPARTMENT OF HEALTH  
GRANT/CONTRACT  
CLIENT SERVICES HUB SUBCONTRACTING PLAN (HSP)  
QUARTERLY SUBCONTRACT REPORT

(C-QSR)

**Prime Contractor/Grantee Information:**

Report Quarter \_\_\_\_\_

Prime Contractor/Grantee Name: \_\_\_\_\_

Vendor Identification Number: \_\_\_\_\_ Object Code (agency use): \_\_\_\_\_

TDH Contract/Grant Identifier: (To be entered by TDH program prior to RFP Distribution) Total Contract Amount: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Subcontractor information:**

Subcontractor Name & Address	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/Materials Provided	Contact Person & Telephone Number	Amount Paid This Period	Amount Paid to Date
Total Reported:					\$	\$

Please check here \_\_\_\_\_ if NO subcontractors have been utilized during this quarter.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**Signature/Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send This To: Texas Department of Health  
HUB Coordinator  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756-3166

Quarter	Months Included	Deadline
First	Sept., Oct., Nov.	December 5 <sup>th</sup>
Second	Dec., Jan., Feb	March 5 <sup>th</sup>
Third	March, April, May	June 5 <sup>th</sup>
Fourth	June, July, Aug.	September 5 <sup>th</sup>